

**NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
REGULATION & LICENSURE – ASBESTOS CONTROL PROGRAM**

**APPLICATION FOR INITIAL LICENSE OR RENEWAL OF LICENSE
FOR BUSINESS ENTITIES PERFORMING ASBESTOS PROJECTS
AND FOR WAIVER OF LICENSE FOR BUSINESS ENTITIES NOT
PRIMARILY ENGAGED IN ASBESTOS PROJECTS**

General Instructions: Use this form to apply for a license or a waiver of license to perform asbestos projects in Nebraska.

Where the application requests information on a separate page, attach the separate page to the application, indicate the part and item number in the upper right-hand corner and number the pages consecutively in the bottom right-hand corner.

Applications will not be considered which are incomplete, unsigned, or fail to enclose the appropriate fee required by 178 NAC 22-009 payable by check or money order to the Nebraska Department of Health & Human Services Regulation & Licensure – Asbestos Control Program. Completed initial applications and waivers will be processed within 60 days of receipt. Completed renewal applications will be processed within 30 days of receipt.

Prior to applying for licensure or waiver of licensing, applicants should review the requirements of 178 NAC 22-003.

Mail the completed application and the fee to the following address:

Asbestos Control Program Manager
Nebraska Department of Health & Human Services
Regulation & Licensure – Asbestos Control Program
301 Centennial Mall South
P.O. Box 95007
Lincoln, NE 68509-5007

RENEWAL APPLICATIONS MUST BE RECEIVED BY THE DEPARTMENT NOT MORE THAN 60 DAYS NOR LESS THAN 30 DAYS PRIOR TO THE EXPIRATION DATE TO ALLOW FOR THE 30-DAY REVIEW PERIOD BY THE DEPARTMENT.

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**PART A
GENERAL INFORMATION**

1. Name of Business Entity: _____
2. Mailing Address Street: _____
City: _____
State/Zip: _____
3. Phone Number: (____) _____ FAX (____) _____
4. Contact Name: _____
5. Nature of Business: _____
6. If the business entity is organized as a sole proprietorship or partnership, please list the individual(s) comprising it:

7. If the business entity is organized as a corporation, please list the chief executive officer and other officers:

8. Have any individuals involved in the ownership or management of the entity ever been involved in any capacity with any other business performing asbestos work?
Yes _____ No _____

If so, please state the name of business and relationship (Certified Worker, Vice President, Owner, etc.)

**PART B
RENEWAL INFORMATION
(For Current Nebraska Licensees Only)**

1. Nebraska License Number: _____
- Expiration Date: _____

**PART C
WORK PRACTICES**

1. Attach a copy of the business entity's written employee protection plan and written work practice standard operating procedures, including at a minimum:
- (a) A description of the protective clothing used;
 - (b) A description of the site decontamination procedures that the business entity will use;
 - (c) A description of the removal, enclosure, encapsulation, demolition, dismantling and maintenance methods;
 - (d) A description of the methods for handling ACM waste;
 - (e) A description of air monitoring procedures; and
 - (f) A description of the procedures that the business entity will use in cleaning up the asbestos project.

2. Indicate the name and location of a specific asbestos waste disposal site licensed and approved by the Nebraska Department of Environmental Quality that the business entity has contacted and which has agreed to accept ACM waste generated by the business.

Name: _____

Location: _____

3. List the name, home address and Department certificate number of at least one supervisor who will be present at and directly supervise each project, and who will be responsible for compliance with the Department regulations.

Name: _____

Address: _____

Department Certificate Number: _____

PART D
RESPIRATORY PROTECTION AND MEDICAL
SURVEILLANCE PROGRAMS

1. List the name, home address and Department certificate number of the individual responsible for establishing and maintaining a written respiratory protection program and a medical surveillance program.

Name: _____

Address: _____

Department Certificate Number: _____

2. Attach supplemental information pages to this application that describe the business entity's policies and procedures with regard to respiratory protection program activities. Federal occupational safety and health requirements presently require that these programs comply with procedures established by 29 CFR 1910.134(b), (d), (e), and (f), and 29 CFR 1926.1101. At a minimum, indicate how your business:
 - (a) Designates the type of respirators that are to be worn during various stages of an asbestos project.
 - (b) Performs respirator fit tests of employees and instructs them how to check for proper adjustment of respirators when they are worn.
 - (c) Identifies and handles special respirator use problems such as wearing corrective glasses, facial hair, unusual facial structure, medical and psychological problems.
 - (d) Stores respirators and issues them to employees.
 - (e) Cleans and sanitizes respirators.
 - (f) Inspects and repairs respirators.
 - (g) Identifies (and corrects) any general problems that interfere with the proper use and care of respirators by employees.
3. If a Type C supplied air respirator system is used, attach a supplemental information page to this application that describes the safety devices and special air purification equipment that are used with the compressor, and the special operating procedures that are followed to assure that an adequate and safe air supply is provided.
4. Attach a copy of or describe the business entity's medical surveillance program.

PART E
REQUIRED EQUIPMENT

1. Attach supplemental information pages to this application that provide information about equipment owned by the business entity as follows:
 - (a) The number, manufacturer, type (model number), serial number and capacity of HEPA filter-equipped portable exhaust fan units with a minimum rated capacity of 500 cubic feet per minute.
 - (b) The number, manufacturer, type (model number), serial number and capacity of HEPA filter-equipped vacuuming devices equipped with hoses and attachments necessary for cleaning wet surfaces.
 - (c) The number, manufacturer, type (model number), serial number and capacity of Type C pressure demand or continuous flow respirator system air compressors and air purifying systems supplying Grade D breathing air and the number, manufacturer and type (model number) of MSHA/NIOSH approved supplied-air respirators, hoses and regulators that are intended for use with each compressor.
 - (d) The number, manufacturer and type (model number) of MSHA/NIOSH approved negative pressure air purifying respirators and the number and types of cartridges normally maintained in continuing inventory for use with them. Also indicate how frequently cartridges are replaced.
 - (e) The number, manufacturer and type (model number) of powered air purifying respirators and the number and types of cartridges normally maintained in continuing inventory for use with them. Also indicate how frequently cartridges are replaced.

*If a waiver of any of the equipment required by Department Regulations 178 NAC 22-003.02E, item 1 through 4 is requested, please submit Form 2 "Application for Waiver" with your license application.
2. For equipment not owned by the business entity, describe how immediate and continuing access to the required equipment will be provided.

PART F
MISCELLANEOUS
(Attach additional pages as necessary)

1. Include copies of all citations levied against the business entity within the past ten years by any federal, state or local government agency for violations related to asbestos activities, including names and locations of the activities, the dates and a description of how the allegations were resolved.
2. Describe all legal proceedings, lawsuits or claims, whether civil or criminal, which have been filed or levied against the business entity or any past or present employees for violations related to asbestos activities within the past ten years.
3. For business entities applying for an initial Nebraska license who have been licensed in another state, indicate:
 - (a) What state(s) you are or have been licensed in and
 - (b) List all projects performed by the business entity during the preceding year including the name of building owner, address and phone number.

PART G
VERIFICATION

Note: The chief executive officer of the business entity must sign the following statement.

I hereby verify that the foregoing information included in this application and any supplemental information attached to it is true to the best of my knowledge.

I further state that all persons who engage in any asbestos projects will be certified and I will comply with all requirements applicable under the Nebraska Asbestos Control Act and Department regulations.

Date

Signature of Chief Executive Officer

Print or Type Name

Title